2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057246

FILED
00 APR -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
PYPER ENGINEERING, INC.

Principal Place of Business
8695 COLLEGE PARKWAY
SUITE 219
FORT MYERS FL 33919
US

Mailing Address
8695 COLLEGE PARKWAY
SUITE 219
FORT MYERS FL 33919-4810
US

03/16/00 90095 030 $150.C

2. Principal Place of Business		3. Mailing Address	
As Above		As Above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0598340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDREW M. PYPER
SUITE 219
8695 COLLEGE PARKWAY
~~SUITE 238~~ SUITE 219
FORT MYERS FL 33919

7. Name and Address of New Registered Agent
Name: Andrew M. Pyper (NO CHANGE)
Street Address (P.O. Box Number is not Acceptable): 8695 College Parkway Suite 219
City: Ft Myers FL Zip Code: 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. *This corporation is eligible to satisfy its Intangible* Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	PYPER, ANDREW M	
STREET ADDRESS	8695 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PT	☐ Delete
NAME	PYPER, PATRICIA C	
STREET ADDRESS	8695 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 3/10/00 941-437-2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #